

JC20 Rec'd PCT/PTO 1 5 JUL 2009

**Application Data Sheet****Application Information**

Application number::  
Filing Date:: 07/15/05  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:  
Computer Readable Form (CRF)?:  
Number of copies of CRF::  
Title:: Method and Apparatus for Determining Isoelectric  
Point of Charged Analyte  
Attorney Docket Number:: 005092-00076  
Request for Early Publication?: NO  
Request for Non-Publication?: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 40  
Small Entity?: YES  
Latin name::  
Variety denomination name::  
Petition included?: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Strand  
Name Suffix::  
City of Residence:: Sherborn  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of mailing address:: 16 Nason Hill Lane  
City of mailing address:: Sherborn  
State or Province of mailing address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 01770

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dan  
Middle Name:: M.  
Family Name:: Leatzow  
Name Suffix::  
City of Residence:: Pullman  
State or Province of Residence:: WA  
Country of Residence:: USA  
Street of mailing address:: 545 Southeast South Street  
City of mailing address:: Pullman

State or Province of mailing address:: WA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 99163

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22910

### **Representative Information**

Representative Customer Number:: 22910

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/000630	01/12/04

60/440,105			01/15/03
60/471,681			05/15/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Protassis Corporation  
 Street of mailing address:: 734 Forest Street  
 City of mailing address:: Marlborough  
 State or Province of mailing address:: MA  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 01752